

Dental Health Services

Non-Admitted Patients

Public Hospital Monthly Return

127 S2



Refer to the Agency Information Management System Manual for instructions on completing this form.

Agency:	
Output:	Period:
	Year:
Type of Service	Occasions of Service
1 Dental Emergency Treatment	
2 Dental General Outpatient Treatment	
3 TOTAL	
Only public non-admitted patient occasions of service are counted on this return. Services for private patients (including compensables) are excluded.	
Signed (Chief Executive Officer):	Date: